

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number 10/608781 Filing Date \_\_\_\_\_  
Applicant(s) \_\_\_\_\_

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
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|        | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
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|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
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| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
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| Claims |          |        |                       |        |                        |        |

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